ype a plus sign (+) ii	iside this box \rightarrow [+]										
			<i>-</i>	Attorney Docket	К	KABA/149/US					
0010/PTO Rev. 6/95	U.S. Department of Co Patent and Trademark		Firs	st Named Inventor	Thomas J. DiVito						
				COMPL	COMPLETE IF KNOWN						
DE	ECLARATION		Application Number								
Declaration Submit	ted Declaration S	Submitted	Filing Date	e							
with Initial Filing	after Initial Fi		Group Art	Unit							
			Examiner	Name							
As an above named inve	entor, I hereby declare that:										
My residence, post offic	e address, and citizenship a	re as stated be	low next to	my name.							
	al, first and sole inventor (if					ntor (if plural names are					
listed below) of the subj	ect matter which is claimed a	and for which a	patent is so	ought on the invention	entitled:						
	CYLINDE	ER LOCK W	ITH PRO	GRAMMABLE K E	YWAY						
	<u> </u>	(Title of	f the Invention	on)		J					
the specification of whic	h										
is attached hereto											
OR											
was filed on (MM/DD/YYYY) as United States Application or PCT International Application Number											
	and was	amended on (i	MM/DD/YYY	Y)	(if applic	cable).					
I hereby state that I have	ve reviewed and understood	the contents of	of the above	identified specification	on, including the	claims, as amended by					
I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty	to disclose information which	n is material to	patentability	as defined in Title 37	Codes of Feder	al Regulations, §1.56.					
I hereby claim foreign	priority under Title 35, Unite § 365 (a) of any PCT internation	ed States Cod	de § 119 (a)-(d) or § 365 (b) of	any foreign app	olication(s) for patent or					
America, listed below a	nd have also identified below pplication having a filing date	w, by checking	g the box, ar	ny foreign application	for patent or in						
Prior Foreign	Country	Foreign Filir	ng Date	Priority Not Claime		Copy Attached					
Application Numbers		(MM/DD/)	(Yes No					
Additional foreign a	application numbers are listed	d on a gunnlom	antal priorit	v shoot attached here		ЦЦ					
				<u></u>		s) listed below:					
	efit under Title 35, United Sta Filing Date	ires code à 11	o (e) or any	Orniceu States provisio	niai application(s	ny iisteu below.					
Application Number(s)) (MM/DD/YY)			Additional provis		on					
				numbers are supplemental	listed on priority she	a et					

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.																
U.S. Parent Application Number PCT Parent N				Number Parent Fi							Parent Patent Number (if applicable)					
Additional U.C. as DCT Internal Inc.							are l	isted on a sur				ant ottonb				
Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto: As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:																
Fi	Firm Name: Alix, Yale & Ristas, LLP					.P	Customer Number:					002543				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.																
Name of	Sole or	First Invento	or			_		A petition	n has	s been t	iled for this	s unsigned	inver	ntor		
Given Name	7	homas Middle J.				Fan Na	•	DIVITO				Suffix				
Invent Signat		x Gh						Date				× 5/28/3				
RESIDE City	- 1	Southington State C				СТ		Country U.S.A.			.A.	Citizenship United States				
POST OFFICE ADDRESS 206 Juniper Road 126 Rousing Brook Drive																
City	Sou	uthington State CT Z			Zip	06489 Country U.S			U.S	.A. Applicant Authority						
Name of	Addition	al Joint Inve	entor, if a	ny:				A petitio	n ha	s been	filed for thi	s unsigned	l inve	ntor		
Given Name							nily me					Suffix				
Invent Signa		i lato l														
RESIDENCE: State					Country				Citizenship							
POST OFFICE ADDRESS																
City		State Z			Zip	Country				Applicant Authority						
Additional inventors are being named on supplemental sheet(s) attached hereto.																

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DECLARATION